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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	FFC-001096P2
First Named Inventor	Resterhouse et al
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Separator Assembly For Filler Device And Associated Method

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

[Redacted]

as United States Application Number or PCT International

Application Number [Redacted] and was amended on (MM/DD/YYYY) [Redacted] (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
[Redacted]	[Redacted]	[Redacted]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patent, Washington, DC 20231.

DECLARATION – Utility or Design Patent Application

Direct all correspondence to: Customer Number
or Bar Code LabelOR

Correspondence address below

30981

PATENT TRADEMARK OFFICE

Name Jovan N. Jovanovic

Address 305 Hoover Blvd., Suite 300

City Holland

State MI

ZIP 49423

Country US

Telephone (616) 355-0400

Fax (616) 355-9862

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:



A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) MichaelFamily Name
or Surname ResterhouseInventor's
Signature

Date 11-5-03

Residence: City Muskegon

State MI

Country US

Citizenship US

Mailing Address 3447 Root Rd.

City Muskegon

State MI

ZIP 49441

Country US

NAME OF SECOND INVENTOR:



A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) RobertFamily Name
or Surname ReilsInventor's
Signature

Date

Residence: City New Lenox

State IL

Country US

Citizenship US

Mailing Address 928 S. Bentley

City New Lenox

State IL

ZIP 60451

Country US

Additional Inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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or Surname ResterhouseInventor's
Signature

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or Surname ReilsInventor's
Signature

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Residence: City New Lenox

State IL

Country US

Citizenship US

Mailing Address 928 S. Bentley

City New Lenox

State IL

ZIP 60451

Country US

 Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	
Filing Date	
First Named Inventor	Resterhouse, Michael
Title	Separator Assembly For Filler Device And Associated Method
Group Art Unit	
Examiner Name	
Attorney Docket Number	FFC-001096P2

I hereby appoint:

Practitioners at Customer Number
OR
 Practitioner(s) named below:



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Number Bar Code
Label here

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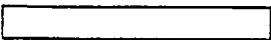
PATENT TRADEMARK OFFICE

Name	Registration Number
William L. King	46830
Jovan N. Jovanovic	40039

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.
OR
 Practitioners at Customer Number
OR



Place Customer
Number Bar Code
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<input type="checkbox"/> Firm or Individual Name	King & Jovanovic, PLC			
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I am the:

Applicant/Inventor
 Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Michael Resterhouse
Signature	
Date	11-5-03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of 2 forms are submitted.

**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	
Filing Date	
First Named Inventor	Resterhouse, Michael
Title	Separator Assemiblly For Filler Device And Associated Method
Group Art Unit	
Examiner Name	
Attorney Docket Number	FFC-001096P2

I hereby appoint:

 Practitioners at Customer Number

OR

 Practitioner(s) named below:Place Customer
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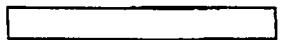
Name	Registration Number
William L. King	46830
Jovan N. Jovanovic	40039

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 The above-mentioned Customer Number.

OR

 Practitioners at Customer NumberPlace Customer
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I am the:

 Applicant/Inventor Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Robert Reils

Signature

Date 1/5/03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

 Total of 2 forms are submitted.